

PERFORMANCE RECOGNITION PROGRAM



AGENCY SELECTION COMMITTEE FORM

DO NOT FORWARD TO HRD - THIS FORM SHOULD BE KEPT ON FILE AT THE AGENCY.

Agency Name: _____

Please fill in the following information (name and title) for your agency's 2013 Selection Committee.

Selection Committee Member Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Agency PRP Coordinator Signature

If you have any questions, please call:
Nancy Daiute at 617.878.9729, Email address: Nancy.W.Daiute@hrd.state.ma.us

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